Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of $694.00 for dates of service, 11/14/01 and 12/03/01.

   b. The request was received on 06/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. Initial TWCC 60
      1. EOB(s)
   b. Additional documentation requested on 07/12/02 and received on 07/22/02
      1. TWCC 60
      2. HCFA 1500(s)
      3. EOB(s)
      4. Medical Records
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. HCFA(s)
   c. EOB(s)
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/24/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/26/02. The response from the insurance carrier was received in the Division on 08/07/02. Based on 133.307 (i) the insurance carrier's response is timely.

4. Notice of Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement

2. Respondent: Letter dated 08/07/02

   "Requestor performed a 'physical performance evaluation' (PPE) and electro-diagnostic testing on the injured worker. These tests were performed without medical necessity, documentation, and authorization. These tests were not necessary because these tests were conducted without medical justification and without a need for continued medical care. In addition, these tests were carried out roughly one month apart from each other and were not medically justified or authorized. The fees charged for these procedures were unjustified and were billed at rates over and above those set forth in the Medical Fee Guidelines…. With respect to CPT Code 95904 for dates of service December 13, 2001 in the amount of $355.00, the bills were not properly documented, and the treatments were not reasonable or necessary. There is no basis or pre-request for this testing. The documentation fails to substantiate the level of billed services."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 11/14/01 and 12/03/01.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier $694.00 for services rendered on the dates above.

4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor $0.00 for services rendered on the dates above and denied reimbursement as "N – NOT APPROPRIATELY DOCUMENTED DOCUMENTATION RECEIVED DOES NOT SUPPORT THE SERVICE(S) BEING BILLED".

5. Per the Requestor's Table of Disputed Services, the amount in dispute is $694.00 for services rendered on the dates of service in dispute above.

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
11/14/01 12/03/01	97750 95904 WP	$344.00 $350.00	$0.00 $0.00	N N	$43.00/15 mins $64.00/nerve	TWCC Rule 133.304 (c) & 133.307 (j)(2); MFG, CPT descriptors	Rule 133.307 (j)(2) limits the carrier's response to denial reasons raised prior to the filing of the medical dispute. The carrier's response discusses medical necessity of the billed PPE and sensory nerve conduction, an issue not raised prior to the request for dispute resolution. The issue prior to requesting dispute resolution is documentation of the billed services. The carrier does not provide a sufficient explanation of its denial to allow the provider to respond. The medical documentation indicates the services were performed as billed. Therefore, reimbursement of $694.00 is recommended.
Totals		$694.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$694.00**.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $694.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt